

## 2006 FOR PROFIT CORPORATION

FILED

Mar 27, 2006 08:00 AM  
Secretary of State

DOCUMENT # P97000045740

1. Entity Name  
36TH STREET PLAZA, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0827423Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

QUESADA, G. FRANK  
1313 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES, FL 33134DO NOT WRITE  
IN THIS SPACE

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesU00000482097  
04/11/06-80060-009 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JUELLE, TERESA
STREET ADDRESS	1313 PONCE DE LEON BLVD SUITE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	JUELLE, SUSAN
STREET ADDRESS	1313 PONCE DE LEON BLVD SUITE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	JUELLE, JOSE A
STREET ADDRESS	1313 PONCE DE LEON BLVD SUITE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Juelle

3/20/06

Date

Daytime Phone If